2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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P06000045487 FILED **DOCUMENT # P06000045487** 1. Entity Name JOHSKI INVESTMENT CORP 07 AUG 1 4 PM 1: 17 SECRE, July on STATE Principal Place of Business Mailing Address 4016 TALLAHASSEE, FLORIDA 1168 CROMEY ROAD NE 1168 CROMEY ROAD NE PALM BAY, FL 32905 PALM BAY, FL 32905 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 CR2E034 (12/06) 4. FEI Number 20-City & State City & State Applied For Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo HARNER, DIANE M Street Address (P.O. Box Number is Not Acceptable) 645 REDWOOD COURT SATELLITE BEACH, FL 32937 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature typed or printed name of registered agent and life 4 applicable (NOTI' Registered Agent eignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delate TITLE Change DUTCHER, JOHN T. NAME NAME STREET ADDRESS 1168 CROMEY ROAD NE STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32905 CITY-ST-ZIP DILE ☐ Delete TITLE Change ☐ Addition KOCESKI, SCOTT NAME NAME STREET ADDRESS 2185 N. RIVERSIDE DRIVE STREET ADDRESS INDIALANTIC FL 32903 CITY-ST-ZIP CITY-ST-ZIP 3.11 [Delete TILLE Chance ☐ Addition NAME NAVE STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITE F Delete **TITLE** ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NWE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change nne ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address—with all other like empowered.

SIGNING OFFICER OR DIRECTOR

07-16-2007 90130 049 ***150.00